

AMENDMENT TRANSMITTAL LETTER				Docket No. 2870-0330PUS1																																											
Application No. 10/573,289 - Conf. #9388	Filing Date February 20, 2007	Examiner M. Hobbs	Art Unit 1797																																												
Applicant(s): Atsushi MURAGUCHI et al.																																															
Invention: MICROWELL ARRAY CHIP AND ITS MANUFACTURING METHOD																																															
<p>Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-145</p> <p>Transmitted herewith is an amendment in the above-identified application. The fee has been calculated and is transmitted as shown below.</p> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 10px;"> <thead> <tr> <th colspan="6" style="text-align: center; padding: 5px;">CLAIMS AS AMENDED</th> </tr> <tr> <th style="width: 15%;"></th> <th style="width: 10%;">Claims Remaining After Amendment</th> <th style="width: 10%;">Highest Number Previously Paid</th> <th style="width: 10%;">Number Extra Claims Present</th> <th style="width: 15%;">Rate</th> <th style="width: 10%;"></th> </tr> </thead> <tbody> <tr> <td>Total Claims</td> <td style="text-align: center;">29</td> <td style="text-align: center;">- 32 =</td> <td></td> <td style="text-align: center;">x</td> <td style="text-align: right;">0.00</td> </tr> <tr> <td>Independent Claims</td> <td style="text-align: center;">3</td> <td style="text-align: center;">- 4 =</td> <td></td> <td style="text-align: center;">x</td> <td style="text-align: right;">0.00</td> </tr> <tr> <td colspan="5">Multiple Dependent Claims (check if applicable) <input type="checkbox"/></td> <td style="text-align: right;">0.00</td> </tr> <tr> <td colspan="5">Other fee (please specify):</td> <td style="text-align: right;">0.00</td> </tr> <tr> <td colspan="5">TOTAL ADDITIONAL FEE FOR THIS AMENDMENT:</td> <td style="text-align: right;">0.00</td> </tr> </tbody> </table> <p style="margin-top: 10px;"> <input type="checkbox"/> Large Entity <input type="checkbox"/> Small Entity <input type="checkbox"/> No additional fee is required for this amendment. <input type="checkbox"/> Please charge Deposit Account No. <u>02-2448</u> in the amount of \$ _____. A duplicate copy of this sheet is enclosed. <input type="checkbox"/> A check in the amount of \$ _____ is enclosed. <input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached. <input checked="" type="checkbox"/> The Director is hereby authorized to charge and credit Deposit Account No. <u>02-2448</u> as described below. <input checked="" type="checkbox"/> Credit any overpayment. <input checked="" type="checkbox"/> Charge any additional filing or application processing fees required under 37 CFR 1.16 and 1.17. </p> <div style="display: flex; justify-content: space-between; align-items: flex-end; margin-top: 20px;"> <div style="width: 45%;"> <p>Marc S. Weiner Attorney Reg. No.: 32181</p> <p>BIRCH, STEWART, KOLASCH & BIRCH, LLP 8110 Gatehouse Road, Suite 100 East P.O. Box 747 Falls Church, VA 22040-0747 United States 703-205-8000</p> </div> <div style="width: 45%; text-align: right;"> Dated: <u>DEC 10 2010</u> </div> </div>						CLAIMS AS AMENDED							Claims Remaining After Amendment	Highest Number Previously Paid	Number Extra Claims Present	Rate		Total Claims	29	- 32 =		x	0.00	Independent Claims	3	- 4 =		x	0.00	Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					0.00	Other fee (please specify):					0.00	TOTAL ADDITIONAL FEE FOR THIS AMENDMENT:					0.00
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